Fill in this information to identify the case:						
Debtor 1 Elizabeth Ann Naylor						
Debtor 2 (Spouse, if filling) Ronald Stephen Owens						
United States Bankruptcy Court for the:						
Case number <u>25-07596</u>						

Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1.	Who is the current creditor?	Citibank N.A.						
	creditor?	Name of the current creditor (the person or entity to be paid for this claim)						
		Other names the	e creditor used with the debtor	Macy's Credit	t Card			
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?						
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	creditor be sent?	Citibank,	Citibank, N.A.			Citibank, N.A.		
	Federal Rule of	Name			Name			
	Bankruptcy Procedure (FRBP) 2002(g)	5800 S Corporate PI			6716 Grad	6716 Grade Ln Blg 9 Ste 910-PY DEPT		
	(, (0)	Number Street		Number Street				
		Sioux Falls	s SD	57108-5027	Louisville	KY	40213-3439	
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone	(800) 846-8444		Contact phone	(800) 846-8444		
		Contact email	Recovery.Bankruptcy@citi.com	_	Contact email	Citipoc1@citi.com	_	
	Uniform claim identifier (if you use one): Q 2 2 2 7 8 6 7 2 3 2							
4.	Does this claim amend one already filed?	✓ No ☐ Yes. Claim number on court claims registry (if known) Filed on			/ YYYY			
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who	made the earlier filing?					

6.	Do you have any number you use to identify the debtor?	No No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 7 1 6					
7.	How much is the claim?	\$\frac{478.24}{Does this amount include interest or other charges?}					
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach reducted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c)					
		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).					
	Limit disclosing information that is entitled to privacy, such as health care information.						
		Money Loaned					
— 9.	9. Is all or part of the claim No secured by a lien on property						
	Scourcu:	Yes. The claim is secured by a lien on property.					
		Nature of property:					
		Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .					
		☐ Motor vehicle					
		Other. Describe:					
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for					
		example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)					
		Value of property: \$					
		Amount of the claim that is secured: \$					
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.)					
		Amount necessary to cure any default as of the date of the petition: \$					
		Annual Interest Rate (when case was filed)%					
		☐ Fixed ☐ Variable					
10.	Is this claim based on a 🛛 No						
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
11.	Is this claim subject to a	☑ No					
	right of setoff?	☐ Yes. Identify the property:					

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12. Is all or part of the claim	☑ No					
entitled to priority under	Yes. Check	one.				Amount entitled to priority
11 U.S.C. § 507(a)? A claim may be partly priority and partly	☐ Domest	c support obligations (including a C. § 507(a)(1)(A) or (a)(1)(B).	limony and child supp	ort) ur	der	\$
nonpriority. For example, in some categories, the law limits the amount		8,800* of deposits toward purchas I, family, or household use. 11 U.		ropert	y or services for	\$
entitled to priority.	☐ Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).					\$
		r penalties owed to governmenta	units. 11 U.S.C. § 50	7(a)(8) <u>.</u>	\$
			_			¢
	_	itions to an employee benefit plar	- , , ,	•		\$
	U Other. S	specify subsection of 11 U.S.C. §	507(a)() that applies	S.		\$
	* Amounts a	re subject to adjustment on 4/01/28 a	nd every 3 years after tha	at for ca	ses begun on or aft	er the date of adjustment.
Part 3: Sign Below						
The person completing	Check the appro	priate box:				
this proof of claim must sign and date it.	☐ I am the cre	ditor.				
FRBP 9011(b).		ditor's attorney or authorized age	ent.			
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
electronically, FRBP 5005(a)(3) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
to establish local rules specifying what a signature						
is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	the information in this <i>Proof of C</i>	laim and have a reaso	nable	belief that the info	ormation is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
3571.	Executed on dat	e 10/15/2025				
	/s/ Mailia	Yang				
	Signature					
	Print the name	of the person who is completin	g and signing this cl	aim:		
	Name	Mailia Yang				
	Name	First name	Middle name		Last name	
	Title	Authorized Agent for Cre	editor			
	Company	Quantum3 Group LLC				
	Company	Identify the corporate servicer as the	e company if the authoriz	zed age	nt is a servicer.	
	Address	PO Box 788				
	Addiess	Number Street				
		Kirkland		WA	98083-0	788
		City		State	ZIP Code	
	Contact phone	(425) 242-7100		Email	clai <u>ms@q</u> ı	uantum3group.com

Bankruptcy Rule 3001(c)(3)(A) Statement of Account Information					
Account Number(s) (redacted)	Claimant	Merchant Name			
2716	Citibank N.A. Macy's Credit Card				
Account Name(s)					
ELIZABETH NAYLOR;					
;					
Current Creditor/Assignee	Previous Creditor/Assignor				
Citibank N.A.	Not Applicable				
Open Date	Last Payment Date	Charge Off Date			
02/01/1976	06/13/2025	09/18/2025			
Last Transaction Date	Name of Entity to Whom Debt was Owed at Last Transaction				
06/13/2025	Citibank N.A.				

Bankruptcy Rule 3001(c)(2) Balance Itemization				
Total Claim Amount	Principal	Interest	Fee	Cost
\$478.24	\$423.58	\$25.66	\$29.00	\$0.00

Please send all notices and inquiries for additional account information/media to claims department:				
	Phone	Uniform Claim Identifier		
Citibank, N.A.	1-800-846-8444	Q2227867232		
5800 S Corporate PI	Email Recovery.Bankruptcy@citi.com			
Sioux Falls, SD 57108-5027				